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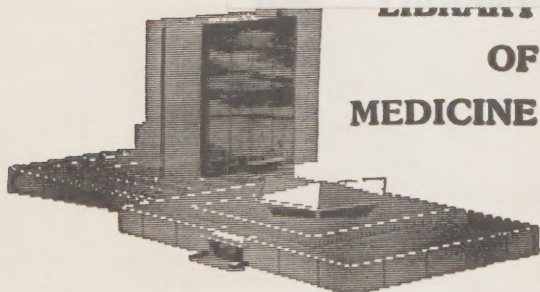
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WAR DEPARTMENT PAMPHLET - - NO. 35-1

This pamphlet supersedes War Department Pamphlet No. 35-1, Sex Hygiene Course—
Officers and Officer Candidates, Women's Army Auxiliary Corps, 27 May 1943

SEX HYGIENE COURSE

WOMEN'S ARMY CORPS

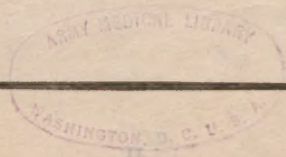
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WAR DEPARTMENT

WASHINGTON 25, D. C., 10 May 1945

War Department Pamphlet No. 35-1. Sex Hygiene Course—
Women's Army Corps is published for the information and guidance
of all concerned.

[AG 300.7 (8 May 45)]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

J. A. ULIO

Major General

The Adjutant General

G. C. MARSHALL

Chief of Staff

G 29-0-47

OUTLINE OF COURSE

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Lecture I

INTRODUCTION

Society has always had the problem of fitting sex relationship into currently acceptable channels. It is unreasonable to expect that the WAC, a cross section of the women of the country, will be free of this problem. It is, therefore, sensible to face the probability that sex problems will occur, in order to be prepared to meet them. We all desire the Corps to be the finest organization of women in the world. Our desire is not enough. Every member of the Corps must insist that the conduct of the Corps be irreproachable. To attain this ideal, it is necessary to foster scientific and intelligent education in social hygiene.

Sex education should include the anatomy and physiology of the reproductive system, the function and hygiene of menstruation and the prevention of venereal diseases. You, as an officer, will need knowledge of these subjects. You will need the ability to use your knowledge effectively in your commands, the ability to deal with individual problems, and you will need to be familiar with the administrative measures which may be taken, if necessary.

The greatest difficulty in promoting healthy sex hygiene comes from the fact that there are individuals whose emotional attitudes toward sex are such that they are likely to recoil from instructions and to misinterpret it. Frank lectures help to give such persons constructive ideas on sex matters. It is, however, too much to expect that women will be freed immediately from any previous attitudes to sex by attending a lecture. Even though such lectures are furnished there will still be a need for personal conferences to clear up questions and problems. A share of this responsibility will naturally fall upon the officers of the WAC. Every member of the Corps must be made to feel free to carry any sex question or difficulty to an officer, or to some other responsible person connected with the organization. This is not only the woman's privilege, it is likewise her obligation. She should be no more troubled by sex matters than by any other difficulties which might lower her efficiency. The officer must accept as a responsibility the giving of counsel concerning matters pertaining to sex when such may be brought to her. If she feels that they involve problems beyond her knowledge or experience she should suggest where the needed help may be found.

In any sizable group of women, there are certain to be considerable differences in the levels of knowledge and the emotional attitudes regarding sex. Among the women in the Corps there may be some who are mature in all their thinking except with regard to sex. This,

according to the psychologist, is usually due to the early and adolescent environment and the conditioning factors of home, community, and education.

The variety in attitudes, reflecting degrees of maturity toward sex, is greater in women than in men because society has long maintained a definite taboo on sex in the education of women. These variations make sex hygiene instruction for women all the more important. While one woman is able to consider the subject impersonally it may not be as easily acceptable to another whose preparedness for sex problems has been more limited. There should be no feeling of reticence on the part of those who find themselves less mature concerning sex than others who have had more factual information. One of the main purposes of instruction in sex hygiene is to help those who have not had access to the facts to recognize their problems, and to know how they may obtain information they require from competent sources.

The former policy, now rapidly changing, which refused to recognize the existence of sex relationships in an open manner, has been referred to as the "conspiracy of silence." Psychologists and medical authorities have emphasized the fact that, while such a policy in no way lessened the influence of the sex impulse, it did invariably leave the individual unprepared to meet sex responsibilities and often made marriage much more difficult, especially for the women who entered it with uncertain feelings and false ideas.

The "conspiracy of silence" was inadequate because it was based chiefly upon fear. It assumed that men and women could be frightened into a prescribed formula of behavior. Experience usually proved this to be untrue.

The woman or girl who does not fully understand her sex nature can be too easily drawn into a situation where her impulses suddenly become forceful. She can be led into situations involving sex hazards which she will be unable to recognize. The policy of ignoring sex, or treating it as something outside the legitimate interests of the individual, may lead to unnecessary emotional conflict, frustration, feelings of blame and guilt, and occasionally even more serious disturbances. These reactions should, wherever possible, be prevented since they directly affect the efficiency and morale of the individual. A woman finding herself disturbed by any sex problem with which she is unable to cope should not hesitate to seek competent advice from an officer, a doctor, or a psychiatrist. It is a matter directly concerned with sound physical hygiene.

The attitude toward sex which formerly was traditional in the United States has been changing during the last 20 years because it has been out of step with other tendencies of modern living. Educators, physicians, psychologists, and social workers urge the policy of

recognizing and dealing frankly and intelligently with the sexual aspects of personality. School curricula, magazines, lectures to parent groups, and the like have been directed toward greater education in the field of sex hygiene. The potentially harmful consequences of the old program, which attempted to conceal and ignore sex as an essential feature in the development of the individual, have been stressed by specialists who have had to treat men and women who were mentally disturbed on account of their failure to make normal adjustment to life.

In this period of change or transition from the code of fear to one of informal guidance, women will be found in all stages of thinking concerning sex. However, most of the women in the WAC by this time have been prepared to consider the sex hygiene program presented without emotional shrinking or conflict.

Experience in all times of emergency has shown that more consciousness of sex and more difficulties concerning it are to be expected to appear in times of war than in times of peace. Whenever individuals are removed from their homes, their communities, and their social groups, they may be thrown into different and often exacting situations. Those who have already adjusted their outlook to such social changes are of course less concerned with what may appear different and new than are those who have been accustomed to a more stable background.

The woman in the WAC will find herself in a different association with men which may result in a stronger emphasis on sex and also a greater frankness between the sexes than was the case at her home. This woman must have more knowledge and understanding at her command than was necessary in her former conditions of life.

The desire for association will in the case of many women find its expression in comradeship with fellow members of the WAC, rather than with men. This can be one of the finest relationships. Sometimes it can become an intimacy that may eventually take some form of sexual expression. Such a situation needs to be handled with the same objectiveness, understanding, and constructive guidance that would be needed in dealing with other problems of conduct.

Women of the organization who are being sent to foreign lands should know that to them as strangers abroad it may seem at first as if there were greater sexual freedom there than in this country. On the other hand, the very opposite may be the actual situation and the prevailing code stricter and more repressive than at home.

It is to be expected that those coming into a new country with unfamiliar social situations may sometimes feel the desire for intimate relationships, especially if they are isolated, homesick, or lonely for associations they may have known at home. Merely being in a foreign

country tends to increase a feeling of self-reliance and independence, perhaps creating a feeling of readiness for adventure. Men or women in a strange and new environment may feel loosened from their former ties, even to the degree of feeling that they are unnoticed, and because of this they may be inclined toward behavior they would not adopt at home. The uniform should create a feeling of added responsibility rather than an increase in the sense of anonymity.

Officers of the WAC have the obligation not only to respond to any request for guidance within the realm of sex hygiene, but also to remain so objective themselves, so free from emotionalism concerning sex, that they can give the needed information without revealing in voice or manner any possible conflict of their own. Any expression of personal reaction will not only increase the difficulty of the women coming for counsel, but will at the same time show that the officer herself should seek from someone the aid that will equip her to deal with this portion of her responsibility. If she feels incompetent to handle the problem brought before her, she should suggest someone else. This should be done in such a way as to continue to have the confidence of any woman who has been willing not only to admit her need of help, but who has come to her officer expecting guidance.

It is important for all members of the WAC to recognize that sex problems may arise. Sex adjustments should not be overemphasized or exaggerated because, significant as they undoubtedly are, they make up only one part of the total program which is designed to build wholesome personal relationships within the WAC.

Lecture II

ANATOMY AND PHYSIOLOGY OF THE REPRODUCTIVE SYSTEM AND MENSTRUATION

The reproductive system of the woman is constructed for the production of her germ cells, called eggs or ova, for her sex activities, and for pregnancy. It adapts itself to all the processes in pregnancy including conception, the growth of the embryo, and childbirth.

In addition to the mammary glands or breasts, the reproductive system consists of a series of more or less tubelike passageways through which sperms, eggs, a baby, and menstrual material may pass.

The external genitalia or sex structures of a woman are called the vulva, and consist essentially of several folds of skin and tissue. By slight pressure against each other they form a light closure over the vagina. This outer closure is normal among women who have not borne children and among most who have. It may be damaged in some women when they have given birth to a child. Such a defect allows germs and other matter to enter the vagina and irritate or inflame it. These folds of tissue, called labia or lips, cover not only the opening into the vagina but also two other important structures in front of the vaginal opening. One is the urethra, from which urine is passed. The other is the clitoris, located still farther in front, above the urethra. The clitoris is a small structure, not more than $\frac{1}{4}$ to $\frac{1}{8}$ inch in diameter. Under conditions of sexual excitement the clitoris may enlarge a little and become very sensitive.

Almost invisible at the entrance to the vagina are two glands, one on each side called Bartholin's Glands after the anatomist who first described them. During sexual arousal, these glands provide a fluid called mucus, which serves the purpose of lubrication during sexual intercourse.

The vagina is a potential cavity. It is the first of a series of passageways that form the total sexual apparatus of women. The walls of the vagina are ordinarily collapsed but may be stretched so as to create a cavity of considerable diameter. Such stretching and enlargement occurs slightly if a woman inserts any kind of menstrual protection which fits inside of the vagina. Stretching is greater during sexual intercourse. The greatest stretching occurs during childbirth, when the baby passes through it.

Female children are born with a special membrane which spreads more or less over the very entrance to the vagina, beneath the lips or labia of the vulva already described. This membrane is the hymen, also called the maidenhead and by various other names. This part has always been the object of more attention than it deserves. For instance, it is commonly thought to indicate whether a girl or woman

is a virgin. This is not true for three reasons: first, many women naturally, without any sexual experience at all, have the openings of their hymens rather large and sexual intercourse might not break them. Second, the hymen often ruptures of its own accord. Third, some hymens never tear, but only stretch and dilate. There are women who have borne one or more children and yet whose hymens are practically "intact" or seemingly virginal. When the hymen is enlarged or broken by sexual intercourse, it remains that way the rest of the woman's life.

Although the diameter of the vagina can be increased to a great degree, in length it is less subject to change and averages 4 to 5 inches. The entire vagina has a moist lining tissue, the "mucous membrane." The moisture is secreted from the cervix.

The cervix is located at the inner end of the vagina. It really is a part (the "neck") of the uterus or womb. It is the lower or nearer part of the uterus that projects into the vagina. The cervix, together with the remainder of the uterus, is hollow, forming the second principal passageway, the vagina being the first. The cervix proper is short, 1 inch or $1\frac{1}{2}$ inches; and the remainder of the uterine cavity, including cervix, measures about 3 to 4 inches in length. The total size of the uterus is about that of a woman's clenched fist. Yet it is this small organ which in pregnancy increases many times its size, so as to envelop a fully developed baby. During the 5 to 7 weeks following the birth of the baby, the uterus shrinks back to practically the same size as before pregnancy. Thus the uterus is the body's foremost example of changeability of size and form according to need and use.

The uterus is not a dead-end passageway. At its upper or inner end are attached two structures, one on each side, called oviducts or Fallopian tubes. The first of these two names indicates one of the purposes of these structures; to convey or transport eggs or ova. Fallopian tube is a name derived from a famous Italian anatomist. Commonly, the structures are referred to simply as the "tubes." They are slender, from 3 to 6 inches long. One end of each tube is continuous with the cavity of the uterus. The other end is enlarged and rather bell-like. This cone-shaped end of the tube flares out into the body cavity very near the two ovaries. The tube is well situated to receive eggs and convey them toward and into the uterus.

The ovaries of a woman correspond to the testes in a man in that they produce the so-called germ cells. The ovaries have another very important function—to produce hormones or internal secretions. A hormone is a chemical substance which is carried by the circulating blood from its place of manufacture to a designated organ. Most hormones are produced in exceedingly small amounts and so are present in the blood in great dilution, but hormones are chemically very active and powerful. When they arrive in the particular organs

of the body subject to their influence they are sufficiently concentrated to achieve surprising results. For example, the hormones manufactured in the ovaries together with hormones manufactured in other organs regulate the changes in the uterus that have to do with its preparation for pregnancy or with menstruation when pregnancy does not occur.

The ovaries begin to produce egg cells really many months before a girl baby is born. However, these eggs develop so far and no further. Fully developed and mature eggs do not appear in the ovaries until several years after a girl's first menstruation. As such an egg is necessary for pregnancy, most girls are unable to conceive until several years after the first menstruation.

Once a normal young woman begins to develop mature eggs she so continues until she ceases to menstruate at the time of the menopause or change of life.

Sperm is produced in great numbers in the male. It is estimated that from between 200,000,000 to 800,000,000 are passed in one ejaculation during sexual intercourse. But in women, the formation of ova is a different matter, and is very economical. In fact, ordinarily only one egg fully matures at a time, and that only about once a month. It may be in either ovary, there being no regular order about this. If for any reason, such as a surgical operation, a woman has only one ovary, this one is enough to produce eggs and hormones.

When an egg completes development and leaves the ovary, the event is called ovulation. It usually occurs about midway between the beginnings of two successive menstruations. The egg soon after leaving the ovary enters the Fallopian tube, wherein it is transported slowly toward the uterus. In fact, the journey is so slow that it takes about 3 days to go 4 to 6 inches. The egg is mechanically delicate, and very quickly begins to soften and be absorbed. In fact, by the time it reaches the uterus it has practically ceased to exist.

Until recently it was thought that the purpose of menstruation was to get rid of the unfertilized egg. But by the time menstruation occurs in each month or cycle, the egg has for a number of days already been absorbed out of existence. Also, the egg is not nearly big enough to require so elaborate a process as menstruation to get rid of it. Indeed, the size of the egg is only about as big as the smallest grain of sand that can be seen with the naked eye.

Menstruation that is regular generally indicates that ovulation is regular, but not always. There seem to be a few women who lack eggs 1 or 2 months in succession, although they menstruate as usual. Such women are sterile if and while they have no eggs.

Eggs are made for the purpose of enabling women to become pregnant and to reproduce human beings. This requires that an egg be joined by a sperm, and the joining is called fertilization. Sperm,

having entered the uterus as a result of sexual intercourse, continue to travel or migrate inwardly through the woman's sexual system, and soon they enter and become distributed inside the Fallopian tube or oviducts. The lining of these tubes is complicated, having many wrinkles and tiny pockets; and if an egg is present in one of these it may possibly not be found by a sperm and thus not be fertilized. Technically, pregnancy begins when the sperm unites with an egg, the process called fertilization. Usually only one sperm of the many that are available unites with the egg. This occurs normally in the Fallopian tube, near the end into which the egg entered from the ovary.

The fertilized egg immediately begins to do two things; to travel, and to grow. It travels along the same route and at about the same speed as an egg that has not been fertilized, and accordingly, it reaches the uterus, only 4 to 6 inches away from where it started, at about the end of the third day or the beginning of the fourth. It wanders around inside the uterus about 6 days longer before it settles down. The embryo does more than settle down. It actually digs in, burrowing into the lining of the uterus. Part of the earliest growth of a fertilized egg is a special apparatus named the "placenta" and related structures, collectively called by lay persons the "afterbirth" because it is expelled after the baby is born. The placenta is vitally important throughout the time the embryo develops within the uterus. It is the connecting link between baby and mother, and is the means whereby the baby receives food from and gives off waste products to the mother, specifically through the mother's blood stream. The placenta prevents the baby's blood from mixing with the mother's and yet allows many things to pass from the one to the other, such as food, waste products, hormones, and certain kinds of germs and other injurious substances if present in the mother. The placenta manufactures and supplies to the mother certain hormones important for the carrying on of pregnancy.

Thus provided for and safeguarded, the normal embryo proper continues to develop, in rapidly increasing complexity, until it is ready to be born, on an average about 280 days after the appearance of the last menstruation.

Menstruation is a normal process which begins approximately at puberty and continues into middle age. In the United States, the average girl begins to menstruate between her eleventh and fourteenth year, and the woman stops between the ages of forty and fifty. A few persons normally begin and cease to menstruate at the ages outside the limits just given.

A woman is normal if she menstruates regularly in her own established interval. The average interval is 28 days but it may vary in

different individuals and an interval of 21 days may be normal for one person and 35 days for another.

Menstruation varies in duration and in rate of flow. The average duration is 4 days but many women menstruate only 2 days, others as long as 7. The rate of flow is increased during the first 2 days and sometimes the blood appears as clots. The amount of blood lost in menstruation by the average woman probably is less than she thinks and amounts to $\frac{1}{2}$ to 2 ounces. Such amounts of blood and even larger ones are quickly replaced by new blood within the woman's body and she suffers no drain on her system. Excessive flow at the time of menstruation and blood discharged between menstrual periods require medical examination and attention.

The menstrual discharge is not entirely blood. There is also flesh or tissue, though so minute that ordinarily it cannot be seen with the naked eye. The tissue is part of the lining of the uterus which is cast away or sloughed off. Actually, the loss of this material is the most important feature of menstruation, and the bleeding is incidental.

Why should this process of menstruation go on month after month, year after year? The answer is found in what nature does to prepare a woman for pregnancy. Every month the inside or lining of the uterus goes through an orderly process of getting ready for pregnancy, for the possible coming of a fertilized egg, a very young embryo that would need to remain and develop within the uterus. Each month, if pregnancy does not occur, the uterus cleans house radically by the process which is menstruation. That done, the uterus sets to work all over again and fits itself out anew. Menstruation means or signifies that pregnancy has not occurred. It is true that a few women who are pregnant do have periods of bleeding which seem like menstruation, but these are caused by the action of the young embryo in imbedding itself into the side of the uterus.

Menstruation should not be uncomfortable for women but for some it is even painful. With the normal increase in the size of the uterus immediately preceding the onset of menstruation any congestion in the bladder, which lies in front of the uterus, or in the rectum, which lies behind it, causes discomfort producing lower abdominal distress and backache. This discomfort may manifest itself as a sense of pressure or if more severe as cramps or pain. Lax abdominal muscles contribute to the discomfort. Exercise of these muscles as well as exercise of all muscles of the body will often reduce congestion and the discomfort.

Discomfort or pain severe enough to necessitate the individual going to bed or taking remedies require medical attention. A woman should not take drugs or remedies that have been recommended by a friend or

seen in an advertisement. The intelligent approach is to discover the cause, if possible, and treat it, rather than the symptoms.

A healthy attitude toward menstruation may in the case of some women reduce discomfort and prevent disability. The individual should avoid any tendency to regard herself as an invalid since menstruation is not a disease. It is a normal process and as such should be merely incidental. During it a woman should make an effort to live and carry on her routine regularly. There is no danger in light exercise during this period, indeed it is beneficial. The woman should be particularly careful about her personal cleanliness in respect for others who live and work with her.

Douching, for some women, is a factor in personal hygiene. It is a means of cleansing the vagina. Some women will be more affected by odorous discharges from the vagina than others; therefore, use of a douche becomes purely optional. Extreme care must be taken in sanitary procedures in using a douche. It is recommended that anyone contemplating using a douche for the first time should consult a medical authority.

It sometimes happens that menstruation is delayed several weeks or even for a number of months. This may be caused by a change of environment such as reporting to a training center or transferring to another station. Or it may be due to great emotional stress or even exposure to severe extremes of climate. In every instance the woman should consult a doctor to determine, if possible, the underlying cause. However, in most cases of a menstrual delay or failure, menstruation returns sooner or later without any treatment.

Between menstrual periods, some women have a discharge from the vagina of a white mucous substance. This is called "leucorrhea," or commonly the "whites." It may be the result of nervous tension or emotional upset. Some married women or women who have given birth to children are prone to this type of discharge. A similar discharge sometimes occurs in the venereal disease, gonorrhea, but the two are not to be confused. Leucorrhea does not indicate infection, while the discharge accompanying gonorrhea is an indication of a diseased condition. The only way of differentiating between an infectious discharge and leucorrhea is by a medical examination.

In summing up, let us consider the cycle of activity of the reproductive system in a woman who menstruates regularly. The following is the sequence of events:

Beginning at the time when she has just ceased menstruating, the first stage is the rest period which takes about 7 days, then the period of development of the egg cell (about 7 days), then the period of the travel of the egg cell down the tube (about 7 days), and then the

period of menstruation again (about 7 days). Thus generally, a woman is more fertile at certain times of the month than at others and during these times she will recognize her cycle of increased sexual desire but it can be seen from our discussion earlier that this is not a consistent condition with all women. Women's highest point of fertility comes at the halfway mark between the beginning of one menstrual period and the beginning of the next, and the cycle of highest sexual desire ranges from this period to the last few days before the next menstrual period.

Lecture III

PREVENTION AND CONTROL OF VENEREAL DISEASE

Suggestions to Instructor

Attitude of instructor and general impressions to be made

1. Venereal diseases belong to a group of communicable diseases which affect the health and welfare of the community as well as the armed forces, and should therefore be discussed as frankly as any other community problem.
2. Venereal diseases are a national menace. The facts pertaining to them should be clearly understood and their control made a health responsibility of every citizen.
3. Fear should be avoided since it is an unreliable deterrent which creates unfortunate reactions against those who have become infected, and emotional complications in those who have escaped.

Methods of presentation

1. Do not assume women know the facts about venereal disease because they act sophisticated.
2. Present a few basic facts in a way that will be easily grasped by the slow as well as the fast thinker.
3. Use a simple vocabulary, easily understood. Avoid anatomical or medical terms as much as possible. When they are used, make their meaning clear.
4. Create interest. This is frequently accomplished by brief case histories. Most people sincerely believe they personally will never have need for such information and are therefore sadly lacking in information when the occasion arises.
5. Remember discussion accomplishes more than lecture.
6. Questions reveal startling bits of misinformation. It is equally as important to clear up erroneous ideas as to give factual information.
7. Impress repeatedly—
 - a. Dangers of exposure.
 - b. Lack of chemical prophylaxis for women.
 - c. Value of early diagnosis.
 - d. Dangers of self or quack treatment.

INTRODUCTION

Venereal diseases are preventable diseases, but in order to prevent them they must be brought into the open and treated as other infectious diseases. Gonorrhea has been known to exist since Biblical times, and syphilis since the time of Columbus. Yet the conspiracy of silence

which has surrounded these diseases has enabled them to spread and to take their toll in terms of human suffering and death largely uncounted and unopposed.

Wherever accurate disease statistics are kept, however, as in the armed forces, it has been known for years that venereal diseases are a major cause of sickness. In time of war these diseases tend to increase. In the first World War, 7 million days of service were lost to the United States Army as a result of venereal infections, yet preventive measures succeeded in keeping our Army freer from these infections than other armies engaged in that war.

Despite vigorous action during the past 10 years by Federal and State health authorities, over 94,000 men of the first 2 million selectees for our present Army were found to have syphilis. Each year it costs the Nation over \$41,000,000 to care for the syphilitic insane and blind alone. The total cost in terms of human wastage can scarcely be computed.

Fortunately, in recent years old taboos regarding sex and problems resulting from sexual indiscretions are being replaced by understanding and a more scientific approach. Factors contributing to the spread of venereal disease are being studied, treatment facilities are being expanded, and the radio, the press, and the educational leaders are contributing generously to public understanding of the problems involved and the urgent need for adequate control measures.

Venereal disease is an inclusive term applied to a number of infections commonly transmitted by sexual intercourse. That they are usually associated with sexual exposure is merely incidental to the fact that the germs producing the disease can live only in a warm, moist environment, such as the genital region affords. Syphilis and gonorrhea are the most common and the most important members of this group of diseases. Other diseases included in the group are chancroid, lymphogranuloma venereum, and granuloma inguinale.

SYPHILIS

Syphilis is a chronic systemic infectious disease caused by a germ called the *Treponema pallida*. It is usually transmitted from person to person through sexual contact. It is sometimes acquired through kissing and rarely by accidental contacts. The signs and symptoms of the disease are intermittent in their appearances. The first sign, which is a small ulcer called a chancre, appears at the point of contact about 3 weeks after exposure. This is called the primary stage. From this sore, the germs are carried to all parts of the body. As this sore is healing for a few weeks thereafter, possibly 3 to 8, the disease appears for the second time, this time as a generalized infection, often referred to as the secondary stage. The most prominent and characteristic symptom during this stage is a skin eruption. This and the mild asso-

ciated symptoms disappear in a few weeks, leaving no apparent evidence that infection has occurred. There may be no further sign of the disease for a few months to a lifetime. If, however, proper medical treatment has not been given the disease may reappear in any part of the body. This stage, called the late or tertiary (third) stage, is characterized by serious damage to the particular part of the body in which it occurs. Because this damage appears so like that produced by other diseases, syphilis has been called the great imitator.

The first sore of syphilis or the chancre is often small and may be easily overlooked. It may appear as a small abrasion such as produced by the rubbing of a sanitary napkin. When it occurs within the genital tract it is usually not discovered by the patient, as the sores of syphilis do not itch or burn or cause pain. If the chancre occurs on the lips, having been contracted through kissing, it may resemble a cold sore but eventually becomes much larger and lasts longer than a fever blister.

Soon after the primary sore appears, the blood test (Wassermann test, Kahn test, and others) becomes positive and remains so for many years unless the individual receives adequate treatment. Blood tests are very useful in the detection of syphilis, particularly when the signs are slight or have largely subsided.

During the second stage the skin eruption appears on the trunk and arms, occasionally on the face. The eruption may be very slight, possibly resembling measles or chicken pox, and may be accompanied by headache, sore throat, joint pains, and a feeling of general depression. Sores may appear in the mouth and similar lesions about the genitalia. These are very infectious. This stage of the disease lasts only a few weeks, but it is possible for these infectious sores to reappear during the first years of the disease, if adequate treatment has not been given.

After the second stage passes the disease becomes latent and only a positive blood test will show the presence of infection. During this period it is easy to forget that the disease has ever entered the body, and it is often difficult to convince the affected individual of the necessity for treatment. It is in this late stage that the infection produces its most serious complications. The germs may have become localized in vital structures of the body and permanently damage those tissues by the disintegration which they produce. They may involve the heart and blood vessels, causing heart disease, or the brain and nerves, causing blindness, insanity, or paralysis. Any part of the body, the skin, the bones, the eyes, the liver, may be affected by this late damaging process.

If a child has been infected before birth, the disease may progress through the same stages as in the acquired case. Since the germs are acting on the child during its developmental period, the effects may be even more serious.

The presence of syphilitic infection is determined by either finding the germ causing the disease, a spiral, corkscrewlike organism, in one of the sores, or by submitting a sample of blood to special tests for syphilis, such as the Kahn or the Wassermann test.

Treatment is most effective when started early in the course of the disease. The Army method of treatment consists of penicillin given over a period of 1 week. If diagnosed early and adequately treated, syphilis can be completely cured in 90 percent of the cases. If diagnosis and treatment are delayed, cure is not as readily accomplished. Even though diagnosis has been delayed, treatment should not be neglected. Proper medical care can prevent the development of late complications, and control their progress, if already present. Treatment given during pregnancy, if started by the fifth month, and often later, protects the unborn child from acquiring the disease.

In those cases in which the disease has already involved the central nervous system, producing damage to the brain, a more drastic form of treatment is necessary in order to stop the progress of the disease. Periods of extreme elevation of body temperature are then used as a method of treatment. This may be produced by artificial heat, or by the inoculation of the patient with malaria and in some cases the administration of penicillin.

Proof of cure requires long and vigilant observation following the disappearance of all signs and symptoms, and the completion of the prescribed amount of treatment. Such observation consists of frequent physical and laboratory examination over a period of years. A single negative blood test does not give the least assurance of cure. Treatment interrupted because of a negative blood test, or for any other reason, before the required amount has been given, greatly increases the danger of recurrences, or late complications.

Since individuals sometimes become infected without being aware of the fact, many States have recently passed laws requiring premarital and prenatal blood examinations. Through the enforcement of these laws, the family is receiving a high degree of protection from syphilis.

The sores which develop about the mouth and genitalia during the early stages of syphilis are highly infectious, and it is from contact with these sores that the disease is usually spread from person to person. Since the syphilitic sores tend to heal within a few months, even without treatment, the danger of transmission to others decreases with the lapse of time. After 2 years there is little likelihood of transmission by sexual intercourse even if the infected person has not been treated. A mother, however, can infect her unborn child years after the disease has been acquired, unless adequate treatment has been given either before or during pregnancy.

Accidental infections are rare. It is frequently said that syphilis can be contracted by the use of toilet articles, drinking cups, or through

the exchange of cigarettes with an infected person, but actually very few infections are ever acquired in this manner. The germs of syphilis are quickly destroyed by drying and by soap and water. Moreover, after an infected person has had one or two treatments he or she is no longer infectious to ordinary contact even though the disease is not cured.

The surest way to avoid syphilis is to abstain from sexual exposure outside of marriage. Prevention of syphilitic infection cannot be accomplished through any type of immunization or vaccination similar to that which has proved so valuable in diseases such as typhoid fever and smallpox. Likewise there is no drug which when taken by mouth prevents syphilis. For men who are exposed, mechanical or local prophylaxis offers a fair degree of protection. For women, local chemical prophylaxis designed to destroy the germs after contact has taken place, is neither effective nor practicable. Use of mechanical prophylaxis, designed to prevent passage of infectious germs from one person to another during exposure, reduces the risk somewhat, but does not afford the same degree of protection from syphilis as from gonorrhea.

Summary.

1. Syphilis is a highly infectious disease.
2. It is transmitted from person to person by direct contact with the moist sores of syphilis.
3. These infectious sores occur principally on the genitalia, sometimes on the lips, rarely on other parts of the body.
4. Syphilis is usually transmitted by sex relation, kissing, or homosexual acts, rarely by accidental contacts.
5. The first sign of syphilis is an ulcer at the point of contact, but in women this may be difficult to detect.
6. The second stage of syphilis is characterized by a skin eruption associated with mild constitutional symptoms and a positive blood test.
7. After the symptoms of the second stage have passed, it is possible for the disease to be present without any indication other than a positive blood test. A person may, or may not, be infectious during this time.
8. Early diagnosis and treatment controls infectiousness at once, and if adequately followed, cures 90 percent of cases.
9. Undiagnosed or inadequately treated cases produce serious public health problems, for they serve as a source of infection to others and may themselves develop late complications such as paralysis, blindness, heart disease.
10. Treatment reduces the incidence and severity of these complications, even though it is instituted late in the course of the disease.

11. Treatment during pregnancy prevents the infection of the unborn child.
12. Prophylaxis, though limited in its effectiveness, should be carefully and promptly employed by men if exposure occurs.
13. Chemical prophylaxis is not practicable in women. Mechanical prophylaxis affords a slight degree of protection.

GONORRHEA

Gonorrhea is an acute or chronic contagious disease of the mucous lining of the genital tract caused by a germ known as the gonococcus. It is spread from person to person by direct contact, almost always sexual. It is characterized by a white or yellowish discharge from the penis in males or from the vagina in females and is often accompanied by itching, burning, and painful urination. If the infection progresses from the vagina through the uterus (womb) into the tubes and ovaries, it may cause acute abdominal pain and produce serious and permanent damage. The discharge which accompanies gonorrhea should not be confused with leucorrhea.

Gonorrhea is a very common disease. More people suffer from it than from any other dangerous disease. It is more than four times as common as syphilis. Since both diseases are contracted by sexual contact, it is sometimes confused with syphilis by the uninformed, but the two diseases are entirely unlike in every other respect. They are caused by different germs and produce very different effects on the body. One cannot change to the other. Since one attack of gonorrhea does not give any protection against a subsequent attack, a person may have gonorrhea several times.

Gonorrhea is almost always contracted through direct sex contact. Germs may be carried by the fingers from infected material to the eyes, causing a serious inflammation which sometimes results in blindness. The germs may be transferred from the genitalia of one person to another in similar manner.

The first signs of the disease usually appear in from 2 to 10 days after exposure. There may be only a slight itching and burning when the urine is passed. The discharge may appear to be only a mild attack of leucorrhea. Even very slight indications should not be overlooked as early recognition of the presence of the infection prevents late complications such as inflammation of tubes and ovaries, sterility, and possibly the need for surgical removal of the genital organs.

Treatment is simple, painless, and successful if started early and properly managed by a skillful physician. Self treatment is dangerous. Delay permits the disease to progress into the deeper structures and makes treatment difficult and prolonged.

Proof of cure requires repeated microscopic examinations of the vaginal secretions over a prolonged period after all symptoms have disappeared and treatment has been discontinued. An individual is infectious as long as there is a single germ in the body.

Since gonorrhea is spread almost entirely by sex contact, the avoidance of all extra-marital exposure is the safest method of prevention. If, however, infection has occurred, every effort possible must be made to stop the transmission of the disease to others. Since there is no way to render individuals immune to gonorrhea, this protection must be accomplished by chemical and mechanical means. Chemical prophylaxis can be used only by men. The use of mechanical prophylaxis (condom) reduces the probability of further spread of the disease. If a man has been exposed, medical advice and prophylaxis treatment should be immediately obtained. For a woman, there is no chemical prophylaxis and early treatment is indicated.

Summary.

1. Gonorrhea is highly contagious.
2. It is spread almost invariably by sexual contact.
3. A person may have gonorrhea without signs or symptoms and still be able to infect others.
4. The results of gonorrhea may be very serious if not recognized promptly.
5. All forms of self treatment are dangerous.
6. For men, chemical and mechanical prophylaxis, if properly used, reduces the number of infections.
7. For women, there is no chemical prophylaxis.

RECOMMENDED SUPPLEMENTARY EDUCATIONAL MATERIAL ON VENEREAL DISEASE

Books and pamphlets for collateral reading

1. "YOU'D BETTER KNOW" } War Department pamphlets.
2. "FOR WOMEN OVERSEAS" }
3. "CALLING ALL WOMEN" (pamphlet), American Social Hygiene Association. Publication No. 380.
4. "VITAL TO NATIONAL DEFENSE" (pamphlet), American Social Hygiene Association. Publication No. A-341. Discussion of syphilis and gonorrhea. Written primarily for men, but gives clear understanding of women's role in transmitting venereal disease.
5. "WHAT YOU SHOULD KNOW ABOUT SYPHILIS AND GONORRHEA," by Max Exner, American Social Hygiene Association.

6. "PREVENTIVE MEDICINE AND HYGIENE," by M. J. Rosenan (book), Appleton-Century Co., 1936, Sixth Edition.
7. "SYPHILIS, GONORRHEA, AND THE PUBLIC HEALTH," by Nels A. Nelson and Gladys L. Crain (book), MacMillan Co., N. Y., 1938.

Motion picture films

(For showing if time permits)

1. "The Magic Bullet," Misc. 944, sound, 16-millimeter, 31 minutes. Dramatized story of Dr. Erlich's research and discovery of "606" in cure of syphilis.
2. "Fight Syphilis," Misc. 942, 16-millimeter, 19 minutes. Stresses the fact that syphilis can be cured.
3. "For Your Information," Misc. 943, 16-millimeter, color, 19 minutes. Produced by Royal Canadian Air Forces for showing to members of the Women's Auxiliary Air Forces (WAAF). It approaches the problem of combating venereal disease by driving home the effects they have upon a woman physically as well as mentally.
4. "Health Is a Victory," sound, 16- and 35-millimeter, 10 to 12 minutes. American Social Hygiene Association, 1942. The story of the fight against gonorrhea, a dramatized presentation for showing to mixed audiences. Available on loan from the American Social Hygiene Association, 1790 Broadway, New York, N. Y. No charge to Army camps.
5. "With These Weapons," sound, 16- and 35-millimeter, 11 minutes. American Social Hygiene Association, 1939. Dramatized story of syphilis for mixed audiences. Available on loan from the Association. No charge to Army camps.
6. "In Defense of the Nation," sound, 16- and 35-millimeter, 10 to 12 minutes. American Social Hygiene Association, 1941. The role of prostitution in the spread of venereal disease for mixed audiences. Available on loan from the Association. No charge to Army camps.

Lecture IV

SEXUAL RELATIONSHIPS

The importance of the problem of sexual relationship must be appreciated in order that an intelligent approach can be made to it. Only so can certain aspects of the problem be prevented from developing or dealt with once they have arisen.

The problem is important, first, because of its effect on the good name of the Corps. It is difficult for one person to realize the damage she can do the Corps by her conduct alone. Yet no matter how high the standard, there is always some malicious talk about the WAC and it is easy to see that it would not take very many women with the wrong attitude to undermine the reputation of the entire Corps. Therefore, everything possible must be done to keep the number of sexually undisciplined as low as possible.

The problem is important in the second place, because as pointed out in the last lecture, every case of sexual indulgence carries with it a danger of venereal disease. From a practical point of view, the time lost from venereal disease is an element which cannot be overlooked.

The third important point is, that every case of illegitimate pregnancy is a personal tragedy as well as a loss in womanpower.

Fourth, the Corps members cannot work at maximum efficiency if they are undermined by the mental, emotional, and physical drains caused by worry and doubt. Continence is not harmful either to men or women, and diverting the sex force into work channels is not only a possible sublimation, but can give added strength and impetus to the job at hand.

What are some of the reasons women do not conduct themselves judiciously in their sex relationships?

First: Boredom, lack of excitement, lack of success, and desire to be needed in some capacity. Women join the Corps in some instances because they think the life will be glamorous and exciting. How long it continues to be so depends to a large extent on the attitude of the officers. If members become bored they may seek excitement elsewhere. The majority of women joined the Corps because they felt they were needed. They still are, and each one must be recognized as an individual and made to feel that she is needed because of herself. If this urge, which is so strong in women, is not satisfied the women may seek approval elsewhere and seek an attempt to gratify her emotions through intimate contact with men.

Second: Ignorance of facts regarding sex. Women who do not know or realize the strength and nature of the sex urge may find themselves so placed that it becomes overpowering, regardless of former standards of behavior. A woman may through sexual ignorance involve herself

in situations without knowing the dangerous sex factors they contain. Lack of information regarding venereal disease; the probabilities of acquiring either gonorrhea or syphilis, their means of transmission, may lead her into situations which she would avoid were she enlightened on such subjects. Too, a woman not informed may not realize the chances she takes of becoming pregnant.

Third: Drinking even in small amounts, tends to release the sexual inhibitions and to result in behavior contrary to the woman's normal pattern.

Fourth: Lack of facilities and equipment for men and women to participate in wholesome recreational pursuits, such as dancing, sports, theaters, etc. When men and women are brought together in circumstances which offer opportunity for this type of enjoyment of each other's company, it often fully answers their need for companionship with the opposite sex.

Fifth: In the rapid growth of the Corps, some individuals may have been enrolled whose standards are not as high as could be wished.

How can these problems be met and corrected?

First: Boredom, lack of excitement, lack of success, and the desire to be needed in some capacity. These are difficult to handle because there is no criterion for measuring the effectiveness of methods for the prevention of these conditions. One way may be to acknowledge and praise the efforts of individual women more often. When they are doing a good job let them know it. This is more effective if it can be done personally, but above all it must be done honestly. Every officer should take an interest in bringing out each woman under her command to her fullest potentialities. This is best accomplished by increasing progressively her responsibilities to the limit of her ability and applauding her in each worthwhile step. Make each woman feel that she is a part of the whole, a very necessary part. This in turn will bring forth a desire on the part of the woman to identify herself with the best ideals of the Corps.

Second: To combat sex ignorance, every woman can be given a straightforward, scientific, objective course in sex hygiene. The protection of the women is of such vital importance that an impersonal attitude toward sex instruction must be adopted. The desire to conduct herself for her own best interests must come from inside the woman, and she must recognize fully her responsibility for her own action. If she feels it is a moral issue in addition to one of health and reputation of the Corps, so much the better. The place of morals should not be minimized, but their effectiveness cannot be counted on alone.

Third: These women as adults have the privilege of drinking but it must be remembered that many of them have never indulged in

alcoholic beverages before and that for them, even small amounts, may result in the loss of control which follows drinking to excess. Here again it is possible to impress on each woman the relation of her conduct to the uniform she wears. Explanations should be made of the relationship of the problem of drinking to performance of duties. Perhaps in extreme cases, disciplinary action will have to be taken when all other approaches have failed. Education should go along with discipline.

Fourth: In the type of living that is provided, women do not have the opportunities they had in civilian life, to meet men as individuals, through introduction by mutual friends or members of the family, church groups, schools, club and community gatherings of many sorts. The women of the WAC will naturally prefer the standard generally used by society of knowing who a man is and what his background is before she accepts any type of association with him, no matter how casual. In any new environment the opportunities may not be easily available for meeting members of the opposite sex in the accustomed manner, and therefore the possibility of forming acquaintances spontaneously will certainly arise. Such casual associations are bound to lead to less restraint. The inherent danger must be realized. Most men will be more likely to act in a free and unrestrained manner toward women whom they have "picked up." Therefore, because of the difficulty in choosing her friends as carefully as she might at home, the woman must be doubly on her guard.

Fifth: When faced with women whose moral standards appear to be at variance with the well-being of the Corps, all means must be used to try to make the individual a valued member of the Corps. No one can say how she herself might have reacted if faced with a different environment and therefore one can afford to be tolerant and reasonable. When all else fails, drastic action must be taken to protect the Corps, even to the use of discharge.

Administrative measures available for use in dealing with these problems are:

First, and most important is guidance. The guidance of an officer, of someone appointed to assist an officer, of the surgeon, or of a psychiatrist.

Second, the transfer of the woman from surroundings that have influenced her into undesirable conduct to others that would be more conducive to desirable conduct. It is perfectly reasonable that one officer might be more effective in the guidance of an individual than another. This is no reflection on the officer's ability to lead and guide but a matter of personal influence.

Third: Discharge may be necessary in stubborn disciplinary cases. It is essential when all other means have failed and actual data are on

hand for discharge on grounds of conduct prejudicial to the best interests of the service.

Fourth: Discharge for pregnancy is mandatory. WAC regulations state that a woman will be given an honorable discharge for pregnancy whether married or unmarried. It is possible that a woman who becomes pregnant may try to take things into her own hands and seek to arrange an abortion through a doctor or through home remedies. No woman should resort to this expediency. No reputable doctor will perform such an operation unless it is necessary to save a woman's life. The results of abortion may be infection, sterility, or death. Papers involving pregnancy cases should not be handled by enlisted personnel; that is, company clerks, etc., at any stage in the progress of the discharge. This channel should be kept strictly to officers.

Fifth: It must be remembered that a person suffering from a venereal disease is sick. She is not to be persecuted mentally but is to be given medical treatment. She is no more to be disciplined for acquiring an infection than is a woman whose behavior was the same but who did not acquire the infection. These women must be made to realize the necessity for treatment as soon as they develop symptoms. They must be impressed with the fact that these diseases, unless treated, are dangerous to others as well as to themselves. They will never be brought to this point of view until their officers regard them as sick people rather than as sinners.

Lecture V

HOMOSEXUALITY

One potential problem which may be expected when a large number of people of the same sex are in constant association, is that of homosexuality. Before discussing this topic, one point should be emphasized. Homosexuality is of interest to you as WAC officers, only so far as its manifestations undermine the efficiency of the individuals concerned and the stability of the group. You, as officers, will find it necessary to keep the problem in the back of your mind, not indulging in witch hunting or speculating, and yet not overlooking the problem because it is a difficult one to handle. Above all, you must approach the problem with an attitude of fairness and tolerance to assure that no one is accused unjustly. If there is any likelihood of doubt, it is better to be generous in your outlook, and to assume that everyone is innocent until definitely proved otherwise. This proof must be in the form of evidence, not hearsay. Only harm can be done by raising such an issue without proof, for if homosexuality does not exist, such an accusation will not only place you in an undesirable position and degrade you in the eyes of your command, but also the woman concerned will undergo great mental anguish because of your unfounded accusation.

What type of people are we talking about? They are exactly as you and I, except that they participate in sexual gratification with members of their own sex. Do they possess any characteristics that set them apart to the casual glance? Occasionally, one such person becomes so set in the pattern that he or she attempts to take on the characteristics of the opposite sex. For example, we have seen men who openly masquerade as women, and women who have adopted men's clothes and proceeded to live a man's life. The chances of that type of woman being in the WAC are very slight. They are far and away the exception in general society. Also, there are women who, in the interests of freedom, dress in less feminine manner. This is not to be regarded as a sign that they participate in homosexual practice, any more than it would be fair to suppose every woman who was dressed in flamboyant taste to be a prostitute.

Many homosexuals are indeed the very opposite in appearance of masculinity. Here it should be pointed out that in the case of different physical types of women indulging in homosexuality, it is not to be assumed that it is the one with more masculine traits who necessarily has been the influencing factor. Very often, it is just the opposite that is the case. Indeed, in many cases it is impossible to single out any masculine traits in either of the women in such a relationship. Agreed that outward appearance and mannerisms do not necessarily indicate a tendency to homosexuality, how can we then determine its existence? We cannot, except on the basis of actual proof that they have had

relations of a sexual nature involving another person of their own sex. This may range all the way from kissing to mutual caressing in all its forms. They may actually feel toward other women the way that other women feel toward men. However, it is not true that women who practice homosexuality do not or cannot also participate in normal relationships with men. Neither is it true that women who do not seem to enjoy male companionship have any tendencies toward homosexuality.

Reasons.—What are the primary reasons for the possibility of this type of abnormal behavior in the Corps?

First, a woman who has sought homosexual relationships outside the Corps may seek the same type of relationship within the Corps, with some other person of like tendency or with someone who has had no experience in this direction. She may prefer this type of practice to a heterosexual (normal) relationship and may therefore have adopted homosexuality as the primary sexual expression in her life. If so, she may be referred to as an active homosexual. Whenever there is actual proof that a member of the Corps is an active homosexual and not amenable to successful guidance, she should be discharged as quickly as possible.

Second, a woman who is not an active homosexual, but who has gravitated toward homosexual practices may have done so because of her new close association with women and the lack of male companionship which she had known in civilian life. The universal desire for affection may have impelled her, when deprived of family, friends, and home contacts, to turn to homosexual relationship as a means of satisfying this feeling. More often than not, this type of woman can be influenced away from homosexuality by sympathetic guidance, by change of environment and associations, by being recognized as an individual.

Third, it is not always possible to determine, in situations where homosexuality is found, that one party has been the leader and the other the follower in this regard. It may appear that, almost spontaneously, such a relationship has sprung up between two women, neither of whom is a confirmed, active homosexual. In such cases, the underlying reason may be boredom, a craving for excitement, or curiosity. Here again, the individuals concerned can usually be constructively guided away from this practice by providing them a well-filled, active, and interesting life.

Preventions.—What can be done to prevent homosexual influences among our Corps members?

First, we must set the standards of the Corps above the level of such behavior. We must be as discriminating as possible in choosing our personnel at the recruiting stations. If a woman is an overt, active homosexual, this fact is often known in her home community, and it is

sometimes possible to find this out in time to keep her from being called to active duty with the WAC.

Second, in order to prevent one of the reasons enumerated above, that is, the feeling of loneliness brought about by the desire for affection, we can and should provide for our Corps members opportunities of wholesome and natural companionship with men. Also, as mentioned before, we should let each woman know that she is needed and recognized as an individual.

Third, the best prevention for boredom is to keep the individual busy. We must provide for every member of the Corps a well-filled, active, and interesting career, including all the opportunities for a balanced life, so far as we can under conditions of group living unnatural to the majority of mature women. With regard to curiosity as a causative factor, it is wise, in dealing with the enrolled members of the Corps, to minimize as much as possible any talk regarding homosexuality since any such backroom discussions may prove conducive to the very curiosity which may serve as a cause. It also leads to unfounded accusation and unnecessary speculations.

Fourth, it is possible to control living conditions so that they will be unfavorable to the development of homosexuality. Barracks life on the whole reduces the opportunity for such indulgence. In situations where the women must be housed in hotel rooms with fewer occupants, the difficulty of control is greater, and closer supervision is indicated.

Fifth, some women with potential homosexual tendencies can be deterred from active participation by the substitution of the "hero worship" type of reaction. No person is in a better position to inspire such a reaction and use it to the best advantage than the officer. If she is deserving of the admiration of those under her command, the officer may be enabled, by the strength of her influence, to bring out in the woman who had previously exhibited homosexual tendencies, a definite type of leadership which can then be guided into normal fields of expression, making her a valued member of the Corps.

Remedies.—Supposing homosexuality has already asserted itself, how can it be remedied?

1. **Guidance.**—The woman who has only recently begun to participate in homosexuality should be the easiest to influence away from it. Often, perhaps, with expert guidance others can be influenced as well. This can only be done by adopting a reasonable and unscornful approach. But if the attitude is such as to give the woman the impression that the officer is horrified or shocked, or believes her to be beyond assistance, the best opportunity for influence will be lost. Here, it should be most effective to point out the possible effects of homosexual indulgence; that it is, first of all, something unnatural, and as such may cause psychological development contrary to nature's inten-

tion. It is upsetting to the physical and mental health of the woman, causing personal harm and loss of efficiency. It undermines her normal sexual desires and thus may make impossible the adjustment to a normal marriage and a happy home in later life. Also, there is the danger that the past may always rise up and destroy the safety of the future. If it is felt that the guidance of an officer is not enough, guidance may be exerted by the medical service. If desirable, the post surgeon will refer such cases to a psychiatrist.

2. Supervision.—The remedies listed above can, of course, only be applied in cases where the homosexual relationship has been brought out into the light, admitted, and laid open for discussion between the participating parties and the officer in charge. In other cases, it may not be possible to be absolutely sure of the existence of such a relationship, but there may be sufficient evidence to justify careful remedial supervision. Such supervision might well be only a discreet control (not obviously aimed at any one person or small group) such as the shifting of rooms, or a shifting of personnel, in order to have a better means of keeping in contact with the woman or women concerned. If the supervision is aimed too directly or conspicuously, the officer may well find herself playing a game of hide and seek, particularly with those more confirmed in the practice.

3. Transfer.—In some cases, within the judgment of the officer in command, it may be wise to effect transfer of personnel when it seems likely that a change of environment might help to eliminate the cause. The transfer might be to a station where there would be greater opportunity for new interests and more male companionships. Another effective action might be a change in work situations. With women of little experience in homosexuality, such a transfer may perhaps lessen the chance of their becoming confirmed in the practice, and with those already more experienced, it may help to bring about a situation affording less opportunity and more supervision.

4. Discharge.—As has been noted before, where it has been definitely proved that a member of the Corps is an active homosexual, addicted to the practice, and possessed of a tendency to be involved continually in such participation, she should be discharged as promptly as possible. This can only be done when sufficient evidence is on hand to warrant it. Such evidence is, understandably, often very hard to obtain, and difficult to prove. She should be discharged for the welfare of the organization as a whole. Any officer bringing an unjust or unprovable charge against a woman in this regard will be severely reprimanded.

Lecture VI

QUESTION HOUR

1. Questions and comments pertaining to the subject are to be written and deposited in a closed box provided for the purpose. Questions are to bear no identification.
2. During the discussion, these questions are to be simply and frankly answered. Those pertaining to venereal disease and its prevention to be discussed by medical officers. If this is not practical, consult medical officers on the correct answer before presenting answer.
3. Effort to be made during this discussion period to review the important facts of sex hygiene and venereal disease control, and also to correct the many erroneous ideas on these subjects held by the general public. This can be accomplished by the insertion of the necessary questions if they are not already included among those submitted.
4. A written examination of the true-false type or the completion type may be given at the conclusion of the course. Further discussion may be necessary if lack of understanding of essential points is indicated by the examination.
5. An adequate supply of source material in the form of books and pamphlets should be available to the women.



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